FDA 510(k), Premarket Notification: 510(k) Summary of Safety and Effectiveness Information

Date: 16 January 2013

1.0 Submitter: JAN 2 8 2013

Name:

ASSURGUARD SDN. BHD.

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82F. Jalan Pulasan, 41000 Klang, Selangor Darul Ehsan, Malaysia.

Country:

Malaysia

Phone No.:

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+603-3291 3594

Registration No.:

Pending (First Device)

2.0 **Contact Person:**

Contact:

Mr. Lim Hui Guan

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assurguard@gmail.com

Telephone No.:

+603 3297 1020

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+603 3291 3594

3.0 Name of Device:

Trade Name:

Powder Free Nitrile Patient Examination Gloves, Blue Colored and

White (Non-Colored). Non-Sterile.

Common Name:

Patient Examination Glove

Classification Name: Patient Examination Glove.

4.0 Identification of The Legally Marketed Device:

> The Powder Free Nitrile Patient Examination Gloves, Blue Colored and White (Non-Colored), Non-Sterile, Class I Patient Examination gloves, 80LZA, meets all of the requirements of ASTM D6319 Standard Specification for Nitrile Examination Gloves for Medical Application.

Predicate Device: K121464, Blue Powder Free Nitrile Patient Exam Glove

Description of Device: 5.0

> Powder Free Nitrile Patient Examination Gloves, Blue Colored and White (Non-Colored), Non-Sterile meet all the current specification for ASTM D6319.

6.0 Intended Use of the Device:

A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand to prevent contamination between patient and examiner.

7.0 Summary of The Technological Characteristics of The Device:

Powder Free Nitrile Patient Examination Gloves, Blue Colored and White (Non-Colored), Non-Sterile, possesses the following technological characteristic (as compared to ASTM or equivalent standards):

Characteristic	Standards	Device Performance
Dimensions	ASTM D 6319-10	Meets
Physical Properties	ASTM D 6319-10	Meets
Freedom from pin- holes	ASTM D 5151-11 ASTM D 6319-10	Meets Meets
Powder Free Residue	ASTM D 6124-11 ASTM D 6319-10	Meets Meets
Biocompatibility	Dermal Sensitization (as per ISO 10993- 10:2010)	Not a contact skin sensitizer
	Primary Skin Irritation Test (as per 16 CFR Part 1500)	Not a primary skin irritant

8.0 Substantial Equivalent Based on Assessment of Non-Clinical Performance Data

The performance test data that support a determination of substantial equivalence are described above.

9.0 Substantial Equivalent Based on Assessment of Clinical Performance Data

Clinical data are not needed for market cleared examination gloves.

10.0 Conclusion

It can be concluded that the Powder Free Nitrile Patient Examination Gloves, Blue Colored and White (Non-Colored), Non-Sterile is safe and effective for use and will perform according to the glove performance standards referenced in Section 7.0 above.

11.0 Substantial Equivalence Discussion

There is no different between the proposed device and the predicate with respect to indications for use and technological characteristics.

The gloves are identical to predicate device with 510(k) K121464.

The substantial equivalence comparison is presented in Table below:-

Section 11.0 Substantial Equivalence Comparison

ASSURGUARD SDN. BHD. (Company No.888413-H)

FDA Device Class I Intended Use Intended for medical purposes that is worn on the examiner's hand to prevent contamination between patient and examiner. Indications for Use A patient examination glove is a disposable device intended for medical purposes that is worn on the examiner's hand to prevent contamination between patient and examiner. Construction Ambidextrous, Powder Free, Blue, per ASTM D6319 specification. Materials Nitrile Butadiene Rubber Performance I. Sterility Non-Sterile II. Freedom from Meets ASTM D6319 holes	Characteristics Predicate Device K121464, Blue Powder Free Nitrile Patient Exam Glove	evice Nitrile Patient Exam	Proposed Device Powder Free Nitrile Patient Examination Gloves, Blue Colored and White (Non-Colored). Non-Sterile.	nination Gloves, Jolored). Non-
Class or Use	80 LZA		Same	
or Use			Same	
or Use	Intended for medical purpose examiner's hand to prevent or patient and examiner.	s that is worn on the contamination between	Same	·
, n from		is a disposable device s that is worn on the contamination between	Same	
nce ility dom from	Ambidextrous, Powder Free, B specification.	llue, per ASTM D6319	Ambidextrous, Powder Free, Blue and White, per ASTM D6319 specification.	and White, per
Non-Sterile n from Meets ASTM D63	Nitrile Butadiene Rubber	·	Same	
III. Dimension Meets ASTM D6319	Non-Sterile Meets ASTM D63 Meets ASTM D63		Same Same Same	

IV. Physical	Meets ASTM D6319	Same
V. Powder Free Residue	Meets ASTM D6319	Same
Single Use	Yes	Same
Biocompatibility Test	Passes i. Primary Skin Irritation Test ii. Dermal Sensitization Test	Same
Packaging	Packed in Dispenser Boxes	Same



Food and Drug Administration 10903 New Hampshire Avenue Document Control Center – W066-G609 Silver Spring, MD 20993-0002

January 28, 2013

Mr. Lim Hui Guan Managing Director Assurguard Sdn. Bhd. 82F, Jalan Pulasan Selangor Darul Ehsan Malaysia 41000

Re: K123760

Trade/Device Name: Powder Free Nitrile Patient Examination Gloves, Blue Colored and

White (Non-Colored). Non-Sterile

Regulation Number: 21 CFR 880.6250

Regulation Name: Patient Examination Glove

Regulatory Class: I Product Code: LZA Dated: December 1, 2012 Received: December 7, 2012

Dear Mr. Guan:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Anthony D. Watson, B.S., M.S., M.B.A.

Director

Division of Anesthesiology, General Hospital,

Respiratory, Infection Control and

Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Indications for Use

510(k) N	lumber (if	known): k	(123 760	·		
Device	Name:		ree Nitrile Patien n-Colored). Nor	t Examination Glove n-Sterile	es, Blue Colored	and
Indicati	on For Use): .				
A patier that is w	nt examinati orn on the	on glove is examiner's	a disposable de hand to prevent	vice intended for mo contamination betw	edical purposes ween patient and	examiner.
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Prescription U (Part 21 CFR 80))	AND/OR		Counter Use 11 Subpart C)	<u>x</u>
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